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Spring 4-1-1964

YUSN Alumnae Newsletter

Yale School of Nursing

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Recommended Citation

Yale School of Nursing, "YUSN Alumnae Newsletter" (1964). *Yale School of Nursing Alumni Newsletters and Magazines*. Book 96.
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Yale University School of Nursing

ALUMNAE ASSOCIATION

Newsletter

New Haven, Connecticut

Spring, 1964

YSN Alumnae Fund Report	Amount	# of Donors
This year (63-64 combined Alumnae Fund Alumnae Association Appeal)	\$5,889.00	578
62-63 total	\$9,039.10	
(62-63 Alumnae Fund)	4,921.00	558
(62-63 Alumnae Association Dues)	4,118.10	776

As you can see, only 578 YSN Alumnae have responded to date to letters sent by class agents to a total of 1,577 alumnae. Wouldn't you like to equal if not surpass last year's total by sending your contribution now to the Yale School of Nursing Alumnae Fund? One check to

the Alumnae Fund will go toward meeting the needs of the school as well as to confer voting membership in YSNAA for the coming spring election. Ballots will be sent to members in May. The current Fund Drive will close on June 30, 1964.

SYBIL PALMER BELLOS LECTURESHIP

When Sybil Palmer Bellos '27 retired (December 31, 1963) after ten successful years as Director of the District Nursing Association of Northern Westchester County, her colleagues and friends established an endowment fund for an annual lecture in the Yale School of Nursing, to be entitled, "The Sybil Bellos Lecture" in recognition of her outstanding contribution to Public Health Nursing. The amount already received by the School is \$1,889. The Dean hopes that this amount will be increased to \$5,000 to provide endowment for an annual honorarium and travel expenses for one guest lecturer.

Those who wish to contribute may make checks out to Yale University - The Sybil Bellos Lecture Fund.

HAPPY BIRTHDAY

April 8, 1964

Greetings to our

Beloved Dean Emeritus

EFFIE J. TAYLOR

On this her special day

JUNE 13th REUNION PROGRAM

We are looking forward to welcoming members of the Classes of '29, '34, '39, '44, '49, '54 and '59 as well as any and all alumnae who are able to attend YSN reunion on Saturday, June 13th.

The program will begin with coffee in Brady seminar room at 9:30 A.M. followed by the annual business meeting at 10:30. Miss Lucy Conant, '50, Assistant Professor at YSN, and past YSNA president will be the afternoon speaker in relation to her research toward a Ph.D. degree. This will be followed by a sherry hour, with the annual banquet at 6 P.M. in the President's Room at Woolsey Hall, honoring the new graduates. Carolyn Ladd Widmer, '29, will be the speaker at the banquet.

Notices will be mailed in May requesting banquet reservations, but we urge you to start planning now. We will be glad to recommend motel accommodations for those who wish them and a few rooms may be available at Sterling Dormitory.

February 22nd Alumnae Day was one of the best attended in recent years. Interested in sharing some of our experience of that day with you who were unable to attend, we are including Miss Jean Barrett's address, "YSN Yesterday and Today" in this Newsletter.

THE YALE SCHOOL OF NURSING YESTERDAY AND TODAY

by Jean Barrett

I trust the faculty, present students, and graduates of the M. S. N. program will forgive me if I seem to address myself primarily to those from the former program, those whom I helped to educate and who, like myself, have been groping to discover the difference between the Then and the Now. We have known that the new program is a different one altogether one for graduate nurses with a college degree, not one for college graduates who were studying basic nursing.

Both programs have placed the emphasis on nursing practice. The YSN has always stressed nursing and the patient has been the central focus of the education.

I have welcomed this opportunity to be back at Yale to see the changes in the School of Nursing, to gain first hand familiarity with the objectives of the School, to rub shoulders with the Dean and faculty who I find are as convinced as have been Yale deans and faculty in the past that this School has a unique contribution to make to nursing.

I am not going to spend time bemoaning the closure of the basic program nor talk about the whys of its discontinuance. Although many of us feel it was a great loss to this medical center and to the nursing profession, we are not here today to discuss this. In talking about the former program, in regretting its discontinuance, I am not implying that the present program should not have come into existence. In fact, one graduate program, that in mental health and psychiatric nursing, functioned for 10 years concurrent to the basic program. Many were the times when the faculty of my day talked informally about the desirability of developing graduate clinical programs, especially in Pediatrics. We felt that with Florence Blake here and with splendid clinical facilities it was wasteful not to utilize these resources to the full. There were many reasons why such a program was not undertaken. For one thing, the faculty already had a full schedule and if Miss Blake's time had been used for the preparation of graduate students, basic students would have been denied her teaching.

When the Yale corporation's decision was announced that the basic program would be discontinued, there was great fear that the graduate programs one old and two new - would be given little support by the University and after a few years would likewise be dropped. Then there would have been no School. You may not know that certain alumnae, with the support of Dean Bixler, con-

conferred with the President and apparently impressed him with the high caliber of the Yale nurse and the excellence of the School. At any rate, the predictions relative to the lack of support for the graduate programs did not materialize. Elixabeth Bixler stayed on as Dean during the transition period for which the classes of 1957 and 1958 will be eternally grateful. The students' fear of being cut adrift without anyone to care was dispelled when they learned she would see them through to the end of their program.

During Dean Bixler's last year, after repeated expressions of concern by alumnae, faculty and students, steps were finally taken to appoint a successor to the Dean. Florence Schorske, now Mrs. Henry Wald, a graduate of both the basic program and the graduate program in mental health, was asked by the President to accept the Deanship. Because of an overpowering faith that there was something in the YSN which must be preserved at all cost, and a determination to lend her support to achieve this end, Florence had returned that year (1957) to take a position on the faculty as instructor in the Mental Health and Psychiatric Nursing program. I am not sure the Alumnae appreciate the courage it took for her to accept the challenge of becoming the Dean, which came to her suddenly and unexpectedly, knowing the awesome responsibility it entailed - that of succeeding such world leaders as Dean Goodrich and Dean Taylor and of building a new Yale program worthy of the past; knowing as she did that many Alumnae did not understand and support the new program. The climb back up hill for the School has not been easy. There have been many discouragements but there has been determination on the part of the Dean and the faculty - three members of which are graduates of the Yale basic program - to keep Yale in the forefront of nursing through the quality of its education. The fact that the Yale Corporation saw fit to put the School on a permanent basis last year at the end of a five year trial period, and has granted the faculty the privilege of tenure, shows how

well the program has succeeded in the eyes of the University. This was a great forward step for the School.

Where does the School stand, presently, in the opinion of the profession, you might well ask. Those of you who find the time to keep up with the professional journals must be impressed by the number of recent publications which have come from the pens of the faculty and students. In 1963 alone nine articles by faculty members appeared in nursing periodicals - three in the American Journal of Nursing, two in Nursing Forum, one in Nursing Research, one in Nursing Outlook, one in a state journal and one in a specialized periodical, the Bulletin of the American College of Nurse-Midwifery. This writing was accomplished by an active faculty of 18, only 12 of whom were full time. At present three books are in press. An article has just been published in Nursing Forum, at least two more have been accepted, one by Nursing Research and one by the American Journal of Psychiatry, for early publication. Other articles have been submitted to journals for review, while still others are in preparation. Students as well as faculty are encouraged to publish. Some of the articles referred to above are based on data which the writers collected as students in the MSN program.

Faculty members of the School are in demand also for speaking engagements and for consultation. Last year eight members of the faculty presented papers at six national or regional meetings. Four of these papers were given at the ANA Convention in May, one for an American Psychiatric Association meeting, and one for the April meeting of the Eastern Sociological Society. In addition a ninth faculty member presented a paper for the Conference on Maternal and Child Nursing in Pittsburgh last June.

You will also be interested to know that seven nurse faculty members and the Dean are at present actively engaged in research. In this effort Dr. Robert Leonard, a sociologist on the School faculty who was brought here as a methodologist has given expert help in the conduct

of the research. A source of great strength in the School, Mr. Leonard has encouraged the nurse faculty and students to follow their own interests and to focus their research on nursing care. In some studies he has been named the principal investigator.

You will agree that this literary and scientific productivity, most of it directly related to nursing care, is impressive. Indeed it has so impressed some persons that requests are being received from nurses to come to the School for post masters research. Likewise, the number of applications for positions on the faculty is increasing. Encouraging, too, are the fine reports on accomplishments of some MSN graduates which have come from universities where they are employed or are engaged in doctoral study. The Dean of one of our most renowned schools of nursing recently suggested that she would like to have young graduates of the Yale MSN program on her faculty where, she implied, the graduate could be helped with her teaching and her faculty have exposure to the Yale philosophy of nursing practice.

Although the Yale School of Nursing has changed its objectives and its program nursing is still the heart of the curriculum. This being true you will want to know the difference between the nursing and I am speaking of nursing in the generic sense, not that specific to any clinical specialty - the difference between the nursing now being taught and that which you learned as a basic student in an outstanding school. We recognize, of course, that there is one big difference - this is a graduate program for those who are already nurses; yours was a basic nursing program. But are the present Yale graduate students - mostly from other schools, collegiate, or diploma plus a degree in general nursing - are today's graduate students learning the same attitudes and behaviors which you Yalies learned in your basic program - a program superior to others, in part, because its students were a superior group? Concern has been expressed that the graduate student's learning in these areas appears to be little different from yours - that today's Yale stu-

dents are being taught skills which they should have learned in their basic programs, such as how to relate to patients, to understand and meet their psychosocial needs. Is this true? Is there no difference?

To this I must respond: The nursing being taught in the graduate program here at Yale does include something more than was included in your basic program. In saying this, I am in no way minimizing the quality of nursing we were teaching between 1923 and 1958. Of all the good schools, Yale was certainly one of the best and I am prejudiced enough to believe it was the best. Excellent, dedicated nurses went out from this School to give successful leadership in the art of nursing, teaching, and administration in most of these United States and in many other parts of the world. But knowledge has not remained static during the last 30 - 40 years, in nursing nor in any other area. That which was excellent in 1930 was not good enough in 1945. That which was good in 1945 or even in 1958 is not good enough today. Look at yourselves! If you are practicing your profession, have you not taken advantage of newly discovered knowledge? Are you not different nurses than when you were graduated? Have you not continued to grow?

Great strides have been made in medical science as well as in the biological, physical, and social sciences. Nursing has had new demands placed upon it not only as a result of developments in physiology, nutrition, drugs, surgery, and other medical therapeutic measures but also because of new knowledge of human behavior, growth and development. Schools of nursing, undergraduate and graduate, have felt the impact of these changes with the result that there is new content to be included in the instruction of present day students.

Just what is the difference, then, in the nursing being taught today in the YSN and that which earlier students were taught? Let me illustrate by briefly reviewing the purpose and methods of instruction used in one of my nursing arts

classes in the years I was teaching in the basic program, one of the classes I felt to be most effective. I inherited many of the ideas from my predecessor, Priscilla Humphrey Halpert. The class was the Admission of the Patient in which we attempted to help you to understand the meaning of hospitalization to the patient and his family and thereby to develop empathy with them. We did this by bringing in a clinical psychologist and a social worker to portray psychological and social problems which often result when a family member is hospitalized. We also dramatized the patient's admission, with students taking the parts of the patient and his family, the faculty those of admitting officer and nurse. In this way not only did you witness the procedures involved but you also observed the interaction between the nurse and the patient - the nurse's kindness, her anticipation of the patient's need for explanation, the opportunity given for questions. We hoped you were impressed and that you would treat patients in a like manner when you were called upon to admit them. There may have been a nursing arts instructor with you the first time you admitted a patient but probably not for the procedure was uncomplicated and we felt we had taught you desirable attitudes.

Some of you no doubt admitted patients who were obviously anxious and who, by your attention and consideration, were reassured and comforted. Sometimes the patients talked to you about their fears and anxieties. You encouraged this and were thereby helpful. Others of you may have had difficulty knowing what to say to a patient who poured out his troubles to you and wished for some gift which would let you know the helpful thing to say. Some of you may have been afraid to encourage the troubled patient to talk. You may even have missed signs of anxiety if your perceptive powers were limited.

What I am saying is that those of you who were able to communicate helpfully with the patient, learned to do so on your own. Your instructors did not teach you how to talk with patients. They may have demonstrated ways to help and comfort

anxious individuals, and certainly they stressed the importance of doing so, but the how was omitted. We let you find out the particular patient's needs, if you could, in your own way. Many of you were wise enough and intuitive enough, even at an early age, to sort out the patient's needs. You were probably the nurses who could comfort almost any patient. You did this intuitively because you cared - not from knowledge of a procedure for helping. For this reason, although you were successful with say 60% of your patients, you were probably not successful in comforting all of them.

Why were you as students not given help, in this vital area - by far the most difficult area of nursing? Because we teachers did not know ourselves what we had done when we were successful. We may have been able to bring emotional comfort to some or even to most patients. But we rarely knew what we did to make the patient feel better and we certainly could not tell anyone else how to do it. I could feel very sad about this - about all the students I didn't help - but I am consoled by the knowledge that probably no one knew how to teach this skill in those days.

What is it that is being taught now that we did not teach you? I believe it is this: students in the School today are not only learning to accept patient's feelings and reactions but are being taught how to deal with them. This, I think, is the essential difference. You learned to be aware of the patient's feelings and the way he reacted, but the emphasis on this is greater today as a result of the increased knowledge of human behavior now available. Whereas you were accepting and sympathetic when the patient poured out his feelings, the student is now taught to seek out the patient's reactions, if they are not forthcoming; to find out what these mean and determine the help the patient needs which the nurse can give.

Today's Yale student in the MSN program is therefore learning to concentrate her observations on the patient's behavior - on what he does, what he says,

how he looks. She is taught to look for illogical or contradictory behavior (such as a patient expressing happiness when the doctor tells her she can go home yet, on closer observation, appears ready to cry). The student learns to bring to the patient's attention any inconsistencies in his behavior which she has noted. In this way the nurse helps the patient express his real feelings about his experience or about his understanding of a situation. He may be upset because he came into the hospital for anemia and the doctor took a whole tube full of blood from his arm. Or he may be terrified when he learns he is to go to the intensive care unit because he has heard it is a place where patients are sent to die. Many times, as in these instances, the patient's anxieties can be dispelled by an explanation from the nurse. Under any circumstance, after the patient has expressed his feelings he is asked to verify that the nurse has correctly interpreted his problem - his anxiety, fear, worry - to make sure they both understand it the same way. When this has been done, the patient and the nurse work together on a plan for its solution. For example, they may decide that the patient should talk with the doctor concerning her fear of infection following surgery. The patient can be helped by the nurse to think through questions to ask him. She thus gives the patient the courage to do so.

After the plan is made the patient is asked if he thinks it will help and when it has been carried out the nurse determines whether the patient feels he has helped, whether he feels better. If his answer is affirmative and his behavior indicates this to be true, the nurse can assume the patient's need has been met for the time being. If he has not been helped, the process begins all over again.

Essentially this approach has two facets: let me review them. 1) The nurse's assumptions, based on her observations and explorations, are verified by the patient before they are accepted as fact or are acted upon. In

other words, the nurse does not act as though she has superior knowledge nor assume she knows what is best for the patient - that he needs a medication, that he wants company, or that he is afraid of a treatment. If her observations lead her to believe any of these is true she asks the patient if her assumption is correct. 2) Nothing is done to the patient without his acceptance, provided, of course, he is able to respond and not in coma or extremis. 3) The patient is asked to express how he feels following any action taken by the nurse or interaction with her. This gives him a chance to say he feels better, if he does, but lets him indicate, without seeming to be unappreciative, that he is still troubled, should this be true.

The illustrations I have given have been in terms of patient's psychological problems. However, physical problems such as pain, discomfort or lack of appetite are handled in the same way, with the nurse identifying the problem and the patient verifying it; the nurse carrying out a plan for relieving distress which has been accepted by the patient, and the patient giving assurance that the action taken, indeed, did help - provided, of course, it did.

All of this is but common sense, you may say, and you might add "I have always approached patients in this way." But have you really done so, and done so consistently? Perhaps, but if not, and you tried to use this way of helping the patient express his feelings and thoughts and of verifying your effectiveness, you would see that there is a difference. Learning to use an approach such as this is not easy. It takes great concentration to discover the patient's needs and give him the help required. A master teacher, herself skilled in the art of helping individuals to express themselves and to solve their problems, is essential to help the student look at her own feelings systematically, to understand what they are and why she has them. The student's observations of the patient can be blocked if she has not analyzed her own reactions and feelings. If she har-

bors resentment against the patient or feels intellectually or culturally inferior to him she will be of little help in getting the patient to express his needs and incapable of assisting him to deal with them.

In the graduate program the student is taught the basic nursing process, which I have described, and which is being tried out and tested in the School. In general she is urged to concentrate on the patient while with him, using the method which she has been taught merely as a framework to guide her practice. The student is expected to do the best she can for the patient while in his presence without worrying about her technique. Following the experience with the patient, she analyzes the interaction to see what she did and how she might have done it better. To aid in the analysis the student may tape record the conversation between herself and the patient or write up, as well as she can remember, exactly what was said by both nurse and patient during their contact. The teacher and student then sit down together and try to see what was happening. What was the student doing? What was she thinking? How was she feeling about the situation? about the patient? Through this continuous evaluative process the student learns. Important, also in her supervision of the student, is the fact that the teacher is ever present on the division observing the student for signs of distress or frustration, verifying her assumptions about the student's behavior and in general using the same technique with the student that the student has been taught to use with patients.

The student emerges from this concentrated period of supervised practice with a tool for working with patients. It does not always work but it works more often than an intuitive approach and the nurse knows when it is not successful and why. Some students achieve considerable skill in working with patients by the time they are graduated and, through continued practice thereafter, develop a mastery of the art of

helping. Other students never become so highly skilled but they do learn a method by which they can figure out what is happening in their interaction with patients and thereby can be more helpful. This is an achievement which should not be minimized.

I hope I have not given the impression that the YSN has developed a pat technique for approaching and helping patients, for this is not true nor would it be wise. What has been developed is, as I have indicated, a framework upon which nursing practice can be built. The practice is fitted to the needs of the individual patient. More often than not the framework is a helpful guide. However, the framework, now being used, is in itself incomplete. It is still being constructed. No one in the School would have you or anyone believe that they have found the way to approach the patient - the nursing process. Students and faculty alike are trying to develop principles of nursing practice and the chief aim of the School today is to test the effect on the patient of what the nurse does.

The question has been raised, and rightly so, "Should not the process of nursing which is being developed and taught here in the graduate program be taught in basic nursing?" The answer is an emphatic, "Yes". But first there must be teachers prepared to teach it. In fact, it is being taught by graduates of this program. For some time to come, however, the refinement of the process, the development of principles of nursing practice, the testing of effectiveness will be the business of graduate schools, with Yale leading the way.

The testing of the effectiveness of nursing practice to which I have just referred makes up the second half of the graduate curriculum in the School. Students not only learn the process of nursing which I have been describing and other aspects of nursing practice but they learn to test the effect of this process compared to other nursing approaches. To quote Dean Wald: "The

School aims to develop a scientist and a scholar as well as a practitioner--an inquiring mind able to define a nursing problem and to conduct studies that will lead to its solution. In other words, the School is not content to prepare nurses for more effective patient care but has for its goal the testing of the theory that is developed."¹ Quoting the Dean again: "Almost every research effort of faculty and students at the YSN in the past 5 years, and every research effort planned in the immediate future, has been designed to shed light on the effects which nursing practice has on patients' responses to illness, what patients need, what nurses do to meet the needs, and what the effect is."²

It is appropriate to concentrate on research in graduate education, particularly in a School which has always played such a prominent leadership role as has the YSN. It was also appropriate to include research in the original YSN program because of the educational level of the student. Investigations done in earlier years of the School were not labeled research although research methods, particularly exploration and experimentation, were used. Studies of nursing procedures under Martha Ruth Smith and Virginia Henderson at Teachers College, Columbia, stimulated some of us who studied with them to use their methods. Analyses of nursing procedures utilizing the principles of the biological and physical sciences, and experimentation in new methods, were carried on by senior Yale students for many years. In this way you learned to question the effectiveness, safety, and comfort of the then current methods of carrying out procedures.

In later years senior students did a major study, either singly or in groups, under the advisement of a faculty member. Some of you, working with Kate Hyder, participated in studies of the effect of "old wives tales" on a mother's

attitude toward childbirth and others, with the help of Margaret Hulbert, made studies of epilepsy. These are two which I remember.

The investigative work undertaken in the basic program stimulated inquiry and made demands on the analytical powers of the students. The studies were works of which the School could be proud.

The Yale student in your day also had many opportunities to participate in studies going on in the Medical Center. Among others, they had an active role in the research on Rooming-in both as observers and as nurses being observed. The exactness required in research was brought home to them both in their instructional conferences and in their practice. Although they did not participate in the analysis of findings, they found it exciting to be involved even in a small way in a study of such far reaching importance.

As one would expect, because of the nature of the two programs, the present aim of the School of Nursing in regard to research is quite different from that of earlier years. Research in the YSN today has two purposes: 1) to develop theory basic to nursing practice through systematic study, and 2) to give students a firm grounding in research methodology. Nursing practice and nursing research are inextricably interwoven in the program. A degree of skill in the nursing process is required for the research. In turn, conduct of the research further develops ability in nursing.

As the Dean has stated, "An emphasis on expertness in nursing practice as preparation for positions of leadership make the Yale School unique today. Other schools emphasize expertness in teaching or administration. Only one other of 43 masters programs in the U.S. places so much emphasis on evolving basic principles of nursing."³

¹ Report to the President, 1962

² F. Wald's speech to the Medical staff of the G-NHCH, January 6, 1964

³ Report to the President, 1962

Rozella Schlotfeldt, Dean of the School of Nursing, Western Reserve University, in discussing the Report of the Surgeon General's Consultant Group on Nursing, in the spring edition of Nursing Research,¹ states that "it is not in the tradition of nursing to rely on scientific inquiry as the best means to find reliable answers to nursing questions. Hence few nurses devote their talent and time to the conduct of research." She gives as reasons for this 1) a very small percentage of nurses have completed formal preparation for research; 2) there are still very few nursing situations in which promotion of inquiry has a high priority; 3) there has been relatively little money available for nursing research. (Implementation of the Surgeon General's Report would change this.) Miss Schlotfeldt further states that the most important of these three is the dearth of nurses prepared to do research and of those who have a genuine respect for the contributions which can and should be made by research.

We can be proud that our School is out in front in teaching its students sound research methods and requiring practice in the investigative process. We can be doubly proud that the research is in nursing rather than related to the nurse, nursing education, or nursing administration. These are important areas, but research in nursing practice has been sorely limited and its importance only recently emphasized.

A next step, of course, is to translate the findings of our research into action which will result in the improvement of patient care. Part of this is the need to determine whether research findings can be put into practice in the everyday nursing situation. One of my jobs is to help develop ways to make usable the knowledge we gain from research. Plans are underway. Perhaps by June some

headway can be reported.

There are other developments in the School to be proud of, too. Two of them I have mentioned - 1) the fact that the University has recognized the excellence of the School and established it on a permanent basis, and 2) the amount of published material that has and is coming out of the School and the demands on the faculty to give workshops, speeches, consultative service. The third thing I think you should know is that the School has just gone through the League accreditation process. Those of you engaged in nursing education know what that means - an enormous undertaking involving self-evaluation. The report of the Board of Review has not yet been received but we have reason to believe that the prominent individuals who made the week's visit were impressed with what they found.

In closing I wish to quote briefly from Miss Goodrich as she wrote in 1932 in the Chapter on "The Complete Nurse" in her book The Social and Ethical Significance of Nursing (page 45): "Says an English writer, 'whether there be theories, they shall pass, whether there be systems they shall fail, the epoch maker in the history of the human soul is the man who educes from this bewildering universe a new and elevating joy.' (end of her quote from English writer. Miss Goodrich continues:) This woman (Florence Nightingale) was, I think, in truth an epoch maker for her sisters' souls. Our theories concerning nursing may fail, our systems will be ever changing, but to the nurse has indeed been given an elevating joy. Clad in the garb which, like the academic gown, wipes out all social distinction, emphasizing only scholastic attainment, she can go forth to render a complete service, the service of mind and heart and hand for the physical and social betterment of mankind. . . . There is no knowledge too great to bring to it (nursing), there is no vision that can encompass its possibilities. By her lamp your lamp has been lighted; let it shine as hers did in the darkest places, let it

¹ Nursing Research, Spring Edition, Vol. 12, 1963, p. 69.

cast a halo. . . . " By your lamps, Alumnae, has the lamp of the present Yale program been lighted. The lamps of its graduates, too, are shining as did and are yours - in darkest places, casting a halo.

In presenting this paper, I am deeply indebted to the Dean and members of the faculty for helping me understand the School's philosophy and purposes, ways of working with patients which have been found effective, methods used to teach these concepts to students, and for their critical review of the way I had expressed these ideas. I am also grateful to the several alumnae who gave invaluable suggestions and served as sounding boards for the ideas expressed.

YALE UNIVERSITY SCHOOL OF NURSING
ALUMNAE ASSOCIATION
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